

# Compensation of Hospital Employees

Calendar Year: 2012								
Entity Name: Klickitat County Public Hospital District #2, DBA Skyline Hospital								
(A) Employee Name (who does not have direct patient care responsibilities)	Indicate if Lead Administrator	Hospital if applicable	(B) Breakdown of W-2 and/or 1099 MISC Compensation			(C) Retirement and Deferred Compensation	(D) Non- Taxable Benefits	(E) Total
			(i) Base Compensation	(ii) Bonus & Incentive Compensation	(iii) Other Reportable Compensation			
1 Michael Madden	Yes	Skyline	154,821				20,923	175,744
2 Christopher Duniphan		Skyline	109,224				11,965	121,189
3 Brenda Schneider		Skyline	100,333				10,415	110,748
4 Robin Loomis		Skyline	96,304				8,676	104,980
5 Beth Robison		Skyline	92,484				9,976	102,459
6								0
7								0
8								0
9								0
10								0
11								0
12								0
13								0
14								0
15								0

Add Additional lines as needed

Notes:

Please refer to IRS Form 990 and Schedule J for definitions of types of compensation

Form 990 Schedule J <http://www.irs.gov/pub/irs-pdf/i990sj.pdf>

If the five highest paid employees do not include the lead administrator, please report compensation information for the lead administrator on line 1, and for the five highest paid employees without patient care responsibilities on lines 2 through 6.

Please submit compensation information to DOH either by mail, fax or email to the following address:

Washington State Department of Health

Center for Health Statistics/Hospital and Patient Data Section

MS: 47814

Olympia, WA 98504-7814

Fax: (360) 753-4135  
email: [hos@doh.wa.gov](mailto:hos@doh.wa.gov)